

Wyoming Worksite Wellness' ABC's for building a wellness program

Achieving administrative wellness support

Building a dedicated wellness team

Collecting appropriate wellness data

Developing a worksite wellness program plan

Executing wellness interventions

Forming a supportive wellness culture

Generating the correct wellness outcomes evaluations

Collecting appropriate wellness data

This may seem like a difficult task, and it can be. With the right tools you will reduce the amount of repetitive work and increase the accuracy of the data you collect. Successful companies will collect data before spending money on new product development, and as such a worksite wellness program may be a new product for the company and its employees. Keeping in mind the 80/20 rule – 20% of a company's employees will require 80% of a company's health resources – a good place to start would be the current cost by category that health care places on your company. The following sources of data may be useful in making the correct determinations:

Data collection requires a pre planned team effort that is focused on maintaining a high level of accountability. The data gathered must remain pure and not manipulated to support a biased opinion or cause.

Wyoming Worksite Wellness, 2008

Learning Objectives:

By the end of this section you should be able to apply the necessary skills and knowledge gained in this section; along with the knowledge and skills gained in other sections of this toolkit to:

- Identify specific wellness problems that exist in your workplace
- Gather the appropriate data in an appropriate manner to support your efforts
- Evaluate the data gathered to analyze the problem and identify the appropriate interventions
- Generate a report to senior management that details your evaluated data and recommendations

Types of Data

Collecting and Evaluating Information: The difficult part of this process is determining what data carries a high level of importance, and what data does not. It is important to let the data stand for the truth in which it was collected. Do not attempt to manipulate the data to generate a problem that does not exist. This is the stage where the responsible, accountable, professional method in which the data was gathered and interpreted will be demonstrated. Make sure the information that was gathered in confidence remains confidential; in other words do not share the names of the individuals interviewed with anyone, just the information.

Safety Audit: This is an objective look at the health and safety of your building. It includes looking at work stations, ergonomics, eating facilities, temperature, lighting, security, hygiene, crowding, isolation, fire safety, slippery floors — any factors which affect the potential health of your workers.

Absenteeism: Your absentee rates are a good indicator of the health and morale of your employees.

Culture Audit: This is a great tool in determining if employees believe their employer is concerned about their current health and wellness status. A culture audit also examines managements view on employees using their sick leave or flex time. Data gathered in this audit may be used to shape a new culture or approach to wellness in your wellness program; promoting an increase in employee morale and sense of value to the company.

Focus Groups: This is a tool that provides an opportunity for employees at all levels of the company's workforce to provide input about the shape of their worksite wellness program. Focus groups are inexpensive, flexible, provide useful information, and cost little to maintain.

Individual Interviews: This tool is used to obtain the information necessary to build a personal health plan. It is important that the interview is conducted in a confidential manner as this is where personal health information is obtained. This information is vital to building a picture of the dominant health issues threatening your workforce; and will help provide insight into the interventions you choose to implement.

Surveys: This tool can be administered in a variety of ways and provide information on a large scale. Surveys can be administered via e-mail, direct mail, during focus group meetings, during staff meetings, one on one, etc. Surveys are inexpensive, simple, and can be either public or anonymous.

Types of Data Continued:

Company Health Readiness Assessment: The Company Health Readiness Assessment (HRA) gives a comprehensive assessment of a company's readiness for a worksite wellness program. The Company (HRA) gives an actual score that can be used as an objective tool to determine the strengths and weakness of the company's wellness culture.

Company's Top Five to Ten Medical Costs: Your insurance company or if your company is self insured, their third party administrator can provide this information.

Screening Data: Screening data (SD) should include: Blood pressure, height/weight ratios (BMI's), cholesterol levels and ratio (LDL/HDL), and Fasting Blood Glucose. Work environments that place employees in high noise and low light conditions should also consider hearing and vision screenings. **This information is personal and must be kept confidential.**

Health Risk Appraisals: This tool should work alongside the screening data. Health Risk Appraisals (HRA's) are a questionnaire that employees fill out regarding their health habits, and health status. The combined data (screening data and health risk appraisals) help determine an employee's health risk score. HRAs should be done annually for tracking purposes.

Employees Risk Factors Baseline: This is probably the single most important information for a successful worksite wellness program, yet it is probably the most difficult to obtain. At least 80% employee participation is necessary in establishing an accurate employee risk factor baseline. This baseline consists of controllable risk factors; tobacco use, lack of exercise, poor nutrition, blood lipids out of the normal ranges, elevated blood pressure, diabetes, BMI higher than 27, stress, alcohol abuse, etc. Risk factors are categorized by the number of controllable risks an individual has; low risk is 0 to 2, medium risk is 3 to 4, and high risk is 5 or more.

Report: Once the collected data has been evaluated a report to senior level management needs to be generated. Include the methods of data collection, dates collected, and how the data was analyzed in your report. Your conclusion should support and briefly summarize the data that was just presented with your recommendations.

Organize the data in a manner the planning team can use to build an action plan that satisfies the wellness needs of your company

Data to determine business needs

- Medical/healthcare claims. Contact your medical carrier for help. Identify your organization's most common and most costly diagnoses, procedures, and drugs, and the highest utilizing demographic groups.
- Behavioral healthcare claims. Similar to above. Break out inpatient from outpatient costs, and mental health from substance abuse costs.
- EMPLOYEE ASSISTANCE PROGRAM (EAP) utilization data. Look at the most common presenting problems, demographics of utilization, most frequent reasons for management referrals, types of post-EMPLOYEE ASSISTANCE PROGRAM (EAP) referrals, etc.
- Health Risk Assessments (HRAs) can efficiently give you a lot of useful data on the health-related strengths and weaknesses of your employee population. HRAs have the advantages of being standardized, reliable, inexpensive, and are repeated over time to give longitudinal data. They can even be customized to fit your needs, and can give you additional data for your wellness program on such things as:
 - Demographics of your population, special characteristics, geographic barriers;
 - Health care needs, risks, and chronic conditions;
 - Employees' interests, in terms of wellness activities (see section II below);
 - Readiness to change; i.e., employees' expressed interest, or lack thereof, in changing certain behaviors, which helps you to target your efforts where they will do the most good;
 - Perceptions of the organizational culture, and ideas for improving it
 - Wellness program participation rates and participant satisfaction.

Talk to your medical carrier if you don't have an HRA in place. There are free HRAs available on the Internet but they won't give you the ability to do sophisticated computer data analyses that you will get through your medical carrier or another vendor.

- Short- and long-term disability and Workers' Compensation claims. Look especially at reasons or causes.
- Health screening data, usually gathered at a health fair. Includes such measures as blood cholesterol, blood sugar, blood pressure, body mass index, and hearing.

Data to determine business needs continued:

- Turnover/retention rates. Exit interview data is especially helpful at uncovering reasons for turnover, and clues for improving retention.
- Absenteeism rates and reasons.
- Accident/safety records, facility/environment assessment for sources of risk and stress.

Data to determine what employees want

- Consider conducting focus groups with employees from different departments, different locations, and different levels of the hierarchy.
- Do an online survey questionnaire
- Be sure the team members use the same set of questions (targeted interview). With an open ended question at the end for employee suggestions
- Look at patterns of utilization of previous wellness offerings. What was popular and what was not? For example, if you have offered fitness club discounts, how were they utilized? Were the discounts too small to be meaningful, or club locations inconvenient?

Analyzing the data

The next step is to analyze the data you have collected, figure out what it can tell you, and make recommendations based on the results. If this is not your strength, don't hesitate to ask for help from someone with stronger data analysis skills.

The analysis should ask the following kinds of questions about the data:

- What appear to be the greatest health and wellness related problems and challenges of the employee population, in terms of direct and indirect costs to the organization?
- What are the main reasons employees leave this organization, and what do they say would keep them here? (This may or may not be addressable by a wellness program, but it's worth it to ask.)
- How significant are the rates of accidents and disability claims? Is either a major problem? What are the main causes of each?
- Is absenteeism too high? What are the main reasons for it?

Analyzing the data continued:

- What are some of the main sources of stress in the work place? Is it a problem?
- Considering all of the above, which areas can we most readily impact, and how? That is, where are the greatest opportunities for a wellness program to make a difference?
- What would each of the preceding opportunities for intervention cost? Which would likely be most cost-effective; that is, providing the greatest benefit per cost?
- Which does the greatest number of employees say they want? Which do they sound most passionate about?

The Next Step

Now the task is to put it all together and make recommendations for program goals, objectives, and activities. These recommendations will need to take into account where the needs are greatest, where a wellness program can actually change health outcomes, which activities offer the greatest return for the time, money, and other resources that are needed to make them a success, and which activities are likely to be embraced by employees. Formulating recommendations is a complex balancing act that requires integrating many sources of information. It is as much an art as a science.

The final task for Component C (collecting appropriate wellness data) is to write all of this in a formal report. **THIS IS IMPORTANT.** Tap someone from the team with good writing skills. Have it critiqued, revised, and then proofread. Senior management will like that.

An IMPORTANT caution: You have gathered some potentially sensitive data, both at the levels of the organization and the individual employee, and you must take precautions to keep it confidential. Share it on a need-to-know basis, or better yet, let your manager decide who gets to see it, and keep it in a secure place.

SAMPLE: WELLNESS FOCUS GROUP QUESTIONS FOR DISCUSSION

1. What are your biggest health concerns?
2. Do you want XXXX to offer more information and programs to help you improve your health and help your family improve their health?
3. If we offered wellness programs to you, which of these would you prefer and /or participate in?
 - a. More written information about nutrition, fitness, CIGNA programs, etc.
 - b. Health Risk Assessment
 - c. On-site trainings or programs like weight watchers, seminars, health screenings, fitness demonstrations
 - d. Short-term wellness programs like walking competitions or nutrition programs
 - e. Changes in the work environment to support wellness like vending machine choices, walking paths, etc.
4. Is there a time of day that would be preferred for activities?
5. Are there any barriers you see to being able to participate in programs?
6. Of the ways we currently deliver benefit information to you, what method gets your attention the most?
7. Do you have any suggestions for other ways to get information to you?
8. If we offered an incentive to participate in a program, what would appeal to you (cash, merchandise, premium reduction, etc)?
9. What would you recommend as the best approach for appealing to XXXX employees?
10. Do you think your manager would support you participating in wellness programs? Why or why not?

SAMPLE: EMPLOYEES INTEREST SURVEY SCORE SHEET

Name of Worksite _____

Directions

1. Collect all completed Employee Interest Surveys.
2. For each question, add the response number that has been circled on all surveys. This will give you the final score for each one of the questions from 1 to 27.
3. For example, if you collect 3 completed surveys and the responses for Question 1 on these surveys are: 3, 2 and 3, then the score for Question 1 is $3+2+3 = 8$.

Grading scale: 1) not interested; 2) somewhat interested; 3) very interested

EAT SMART	
1. I am interested in learning more about healthy food choices.	
2. I am interested in learning how to incorporate fruits and vegetables into my diet.	
3. I am interested in learning about healthier food choices and portions to help manage my weight.	
4. I am interested in participating in "tasting" events to sample healthy foods.	
5. I am interested in having healthy snacks available for purchase at work.	
MOVE MORE	
6. I am interested in learning more about the benefits of physical activity.	
7. I am interested in increasing my physical activity level.	
8. I am interested in walking to increase physical activity.	
9. I am interested in participating in team activities.	
MANAGE STRESS	
10. I am interested in learning ways to cope with feelings of stress.	
11. I am interested in time management skills.	
12. I am interested in improving my communication skills.	

13. I am interested in learning skills to cope with change.	
14. I am interested in organized social events with my co-workers. Events might be holiday party or summer picnic.	
PROGRAMS EMPLOYEES ARE INTERESTED IN	
15. I am interested in participating in wellness activities within my regular work schedule.	
16. I am interested in participating in wellness activities before work.	
17. I am interested in participating in wellness activities after work.	
HOW LONG EMPLOYEES WANT PROGRAMS TO LAST.	
18. I am interested in 10-15 minute activities that I can do two to three times a day.	
19. I am interested in activities that last 30-60 minutes.	
INDIVIDUAL OR GROUP ACTIVITIES	
20. I am interested in health information that I can read, listen to, or watch on my own.	
21. I am interested in participating with a group to learn more about wellness.	
SMOKEFREE WORKPLACE	
22. I am interested in working in a tobacco-free environment.	
23. I am interested in working with others to reduce second-hand smoke in my workplace.	
QUIT NOW	
Tobacco Users. How many surveys had these questions completed?	
24. I am interested in getting information about quitting tobacco use.	
25. I am interested in attending information sessions or classes about quitting tobacco use.	
26. I am interested in using my meal break time to learn about quitting the use of tobacco.	
27. I am interested in using time before work or after work to learn about quitting the use of tobacco.	

SAMPLE:

This interest survey is based on the Fort Martin / Albright Region Worksite Wellness interest survey

WELLNESS PROGRAM

What is a Wellness Program? Simply put, it is a program designed to help employees stay well. It is the employer providing the tools and resources to allow their employees to lead a healthier life.

NEEDS & INTEREST SURVEY:

Dear Fellow Employees,

The Purpose of this Survey is to obtain everyone's input for our new health promotion program. The Survey includes questions on your needs, interests, and other pertinent information to be used in deciding what programs to offer and when to offer them.

- There is neither a right nor wrong answer on this Survey.
- Feel free to skip any sections in which you feel uncomfortable supplying answers.
- Your completion of this Survey is completely voluntary.
- The Surveys are completely anonymous.
- Thank you for your participation and support.

A.) DEMOGRAPHIC INFORMATION

- | | | |
|---|------|--------|
| 1) What is your age? _____ | | |
| 2) What is your gender? | Male | Female |
| 3) Are you married? | Yes | No |
| 4) Do you have children living at home? | Yes | No |

B.) TOBACCO USE

- | | | | |
|---|--|---------------------|------------|
| 1) Do you chew tobacco or rub snuff? | Yes | no, but former user | never used |
| 2) Do you smoke? | Yes | no, but former user | never used |
| 3) How would you classify your tobacco usage? | A current smoker (_____amount per day)
Never smoked
Ex-smoker, quit _____years ago | | |

C.) ALLERGIES

- | | | |
|--|--|---------------|
| 1) Do you have allergies? | Yes | No |
| 2) If yes, what kind of allergies? | Seasonal | Food Other |
| 3) Choose your current method of treatment: | Over-the-counter medicine or prescription medicine | |
| 4) Would you like to learn more about allergies? | Yes | No |

D.) NUTRITION

Please rate how often you do each of the following:

Never 1 Seldom 2 Sometimes 3 Often 4 Very Often 5

- | | | | | | |
|--|---|---|---|---|---|
| 1) Eat fresh fruits, vegetables,
whole grain breads | 1 | 2 | 3 | 4 | 5 |
| 2) Eat foods high in cholesterol or fat,
such as cheeseburgers, pizzas, cheese... | 1 | 2 | 3 | 4 | 5 |
| 3) Eat pre-packaged / pre-prepared foods
at home | 1 | 2 | 3 | 4 | 5 |
| 4) Eat fast foods, such as,
cheeseburgers, fries, pizzas, hot dogs... | 1 | 2 | 3 | 4 | 5 |

E.) PHYSICAL ACTIVITY

Please check below the category that best describes your physical activity level (Other Than Work) for the previous year:

NOTE: Moderate to vigorous activity implies the following ... any aerobic activity which raises your heart rate to a level of 70% to 80% of your target heart rate ($220 - \text{your age} = \text{Target Heart Rate}$).

- 1 No Physical Activity.
- 2 Moderate to vigorous exercise 1 time per week for at least 20 minutes.
- 3 Moderate to vigorous exercise 2 times per week for at least 20 minutes, each time.
- 4 Moderate to vigorous exercise 3 times per week for at least 20 minutes, each time.
- 5 Moderate to vigorous exercise 5 times per week for at least 20 minutes, each time.

F.) HEALTH SCREENINGS

Please indicate whether you have had the following screenings or examinations in the Past 12 Months:

	Yes	No
1) Blood Pressure Check	1	2
2) Blood Sugar Check	1	2
3) Cholesterol Check	1	2
4) Multiphasic Blood Screening	1	2
5) Cardiovascular Exam (EKG's)	1	2
6) Colon / Rectal Exam	1	2
7) Prostate Exam	1	2
8) Stool Check (Bowels)	1	2

Please indicate whether you have had the following screenings or examinations in the Past 12 Months:

	Yes	No
9) Mammogram	1	2
10) Vision	1	2
11) Dental	1	2
12) Other - Please Specify _____		

G.) PROGRAM INTERESTS

Please indicate how likely you would be to participate in each of the following programs if they were offered at work during the next year.

Not likely 1 not sure 2 somewhat likely 3 positively 4

1. Body Composition Testing (fat and lean body mass)	1	2	3	4
2. Educational Programs:				
1) Back Safety	1	2	3	4
2) Cancer Prevention	1	2	3	4
3) Heart Disease Prevention	1	2	3	4
4) Stroke Prevention Programs	1	2	3	4
5) Cholesterol Reduction	1	2	3	4
6) Home Safety	1	2	3	4
7) Substance Abuse	1	2	3	4
8) Headache Prevention & Treatment	1	2	3	4
9) Cold / Flu Prevention & Treatment	1	2	3	4

3. Employee Assistance Programs:

- | | | | | |
|--|---|---|---|---|
| 1) Depression Treatment | 1 | 2 | 3 | 4 |
| 2) Financial Management | 1 | 2 | 3 | 4 |
| 3) Job Stress Management | 1 | 2 | 3 | 4 |
| 4) Accepting Change | 1 | 2 | 3 | 4 |
| 5) Parenting Difficulties | 1 | 2 | 3 | 4 |
| 6) Managing Chronic Health Conditions
(Diabetes, hypertension,) | 1 | 2 | 3 | 4 |
| 7) Managing Chronic Pain
(Neck & shoulder injuries, back injuries,) | 1 | 2 | 3 | 4 |
| 8) Controlling anger / emotions | 1 | 2 | 3 | 4 |

4. Fitness Programs:

- | | | | | |
|--|---|---|---|---|
| 1) Corporate Fitness Membership Rates | 1 | 2 | 3 | 4 |
| 2) Exercise Tolerance (STRESS) Testing | 1 | 2 | 3 | 4 |
| 3) On-Site, Low-impact Exercise
Equipment | 1 | 2 | 3 | 4 |
| 4) Prescribed Exercise Programs | 1 | 2 | 3 | 4 |
| 5) Stretching Programs | 1 | 2 | 3 | 4 |
| 6) Walk-Fit Programs | 1 | 2 | 3 | 4 |

5. Immunization Programs:

- | | | | | |
|--------------------------|---|---|---|---|
| 1) Flu Shots | 1 | 2 | 3 | 4 |
| 2) Tetanus Shots | 1 | 2 | 3 | 4 |
| 3) Lyme Disease vaccine | 1 | 2 | 3 | 4 |
| 4) Hepatitis 'B' vaccine | 1 | 2 | 3 | 4 |

6. Nutrition Education Programs:

- | | | | | |
|--|---|---|---|---|
| 1) Healthy Cooking (meals/snacks) | 1 | 2 | 3 | 4 |
| 2) Cooking Venison | 1 | 2 | 3 | 4 |
| 3) Healthy Eating (do's & don'ts) | 1 | 2 | 3 | 4 |
| 4) Weight Management Programs
(diet & exercise) | 1 | 2 | 3 | 4 |
| 5) Onsite Vending Machines with
Healthy Choices | 1 | 2 | 3 | 4 |

7. Screening Programs:

1) Blood Pressure Checks	1	2	3	4
2) Blood Sugar (diabetes)	1	2	3	4
3) Cholesterol Levels	1	2	3	4
4) Multiphasic Blood Screenings	1	2	3	4
5) Cardiovascular (EKG's)	1	2	3	4
6) Colon / Rectal (cancer)	1	2	3	4
7) Prostate Checks (PSA)	1	2	3	4
8) Stool Checks (bowels)	1	2	3	4
9) Mammograms	1	2	3	4
10) Vision	1	2	3	4
11) Other...Specify_____	1	2	3	4

8. Tobacco Cessation Programs 1 2 3 4

9. Stress Reduction Programs 1 2 3 4

10. Time Management Programs 1 2 3 4

11. Visiting onsite Healthcare Nurse 1 2 3 4

12. Self-Help/Self-Care 1 2 3 4

1) Before Work 1 2 3 4

2) During Lunch at Work 1 2 3 4

3) After Work 1 2 3 4

H.) ANY OTHER INTEREST OR SUGGESTIONS (PLEASE SPECIFY)

Please list any positive (or negative) comments regarding the impact of the current Wellness Program. Include how this program may have affected you personally. List any suggestions on how we can improve the current program or things you would like to see implemented.

Your input is an IMPORTANT element to the success of our program.

SAMPLE:

Another type of Employee Wellness Interest Survey to consider

Health and wellness topics cover a broad spectrum of our needs and interests. Topics that may not have held our interest in the past can suddenly become very important as life changes.

Referring to the following list, please indicate with an X those topics that you would be interested in learning more about:

Personal Health Issues

<input type="checkbox"/> Tobacco cessation	<input type="checkbox"/> Stress management	<input type="checkbox"/> Alternative medicine
<input type="checkbox"/> Weight control	<input type="checkbox"/> Skin cancer	<input type="checkbox"/> Heart disease
<input type="checkbox"/> Nutritional cooking	<input type="checkbox"/> Breast cancer	<input type="checkbox"/> Other
<input type="checkbox"/> Physical activity, exercise, and fitness	<input type="checkbox"/> Prostate cancer	

Parenting and Child Care

<input type="checkbox"/> Finding appropriate child care	<input type="checkbox"/> Teenagers and drug education	<input type="checkbox"/> Single parenting
<input type="checkbox"/> Talking with teenagers	<input type="checkbox"/> Parenting newborns	<input type="checkbox"/> Step parenting
<input type="checkbox"/> Teenage nutrition	<input type="checkbox"/> Discipline	<input type="checkbox"/> Balancing work and personal life
<input type="checkbox"/> Teenage pregnancy	<input type="checkbox"/> Attention-deficit/hyperactivity disorder	<input type="checkbox"/> Other

Elder Care Issues

<input type="checkbox"/> Alzheimer's disease	<input type="checkbox"/> Elder care	<input type="checkbox"/> Elder law
<input type="checkbox"/> Parkinson's disease	<input type="checkbox"/> Housing for the elderly	<input type="checkbox"/> Other

Financial Planning

<input type="checkbox"/> Understanding Social Security	<input type="checkbox"/> Retirement planning	<input type="checkbox"/> Wills and trusts
<input type="checkbox"/> Financial planning	<input type="checkbox"/> Estate planning	<input type="checkbox"/> Other

Emotional Health Issues

<input type="checkbox"/> Anxiety	<input type="checkbox"/> Postpartum depression	<input type="checkbox"/> Coping with cancer
<input type="checkbox"/> Depression	<input type="checkbox"/> Alcohol and drug abuse	<input type="checkbox"/> Other

What times and methods work best for you for educational programs?

<input type="checkbox"/> Lunch-time sessions	<input type="checkbox"/> Weekend sessions	<input type="checkbox"/> E-mail
<input type="checkbox"/> After-work sessions	<input type="checkbox"/> Telephonic sessions	<input type="checkbox"/> Intranet posting
<input type="checkbox"/> Before-work sessions	<input type="checkbox"/> Printed material	<input type="checkbox"/> Other

Would other members of your household be interested in any of the above topics? If yes, list the topics?

Do you currently participate in any physical fitness activities? Indicate with an X those that apply to you?

<input type="checkbox"/> Biking	<input type="checkbox"/> Walking	<input type="checkbox"/> Swimming	<input type="checkbox"/> Aerobics	<input type="checkbox"/> Other
<input type="checkbox"/> Running	<input type="checkbox"/> Tennis	<input type="checkbox"/> Team sports	<input type="checkbox"/> Weightlifting	

Indicate with an X any of the following activities that you may be interested in?

<input type="checkbox"/> Yoga	<input type="checkbox"/> Massage	<input type="checkbox"/> Dance lessons	<input type="checkbox"/> Team competitions
<input type="checkbox"/> Meditation	<input type="checkbox"/> Tai chi	<input type="checkbox"/> Stretching techniques	<input type="checkbox"/> Individual goal contests
<input type="checkbox"/> Running	<input type="checkbox"/> Biking	<input type="checkbox"/> Lunchtime walking program	<input type="checkbox"/> Other

Would you be interested in attending a health fair, which might offer employees and their household member's information and screenings for such things as cholesterol, blood pressure, hearing, posture, body composition (body fat and lean body mass), depression, and breast cancer? Yes ☐ No ☐

